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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Lyman County Herald		2. DATE 9-19-20
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 51	3B. ANNUAL SUBSCRIPTION PRICE $ 40.00

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 518, Presho SD 57568

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) Same

6. FULL NAME OF PUBLISHER: K.L.H, LLC Kim + Lucy Halverson

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
K.L.H, LLC Kim + Lucy Halverson	PO Box 518, Presho

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. N/A

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1000	1000
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	65	66
2. Mail Subscription (Paid and or requested)	684	658
3. Paid Electronic Copies	34	69
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	783	793
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	8	8
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	14	14
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	805	815 -
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	55	81 -
2. Return from News Agents	140	104 -
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1000	1000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Ly Hal (Signature)

Publisher (Title)

State of South Dakota)
§
County of SD)

Sworn to before me this 14 day of September 20 20

Donna Brakke
Notary Public

(Seal)

My commission expires:

DONNA BRAKKE
NOTARY PUBLIC - SOUTH DAKOTA
My Commission Expires
December 31, 2025

DONNA BRAKKE
NOTARY PUBLIC SOUTH DAKOTA
SEAL SEAL

Form: SOS REC 051 9/2016

CORINA BRANKE
NOTARY PUBLIC - SOUTH DAKOTA
My Commission Expires
December 21, 2025